## Utah Department of Health, Bureau of Child Care Licensing

## **Center Renewal Application, Staff Orientation Training Form**

Center Name:	Date Review Completed (mm/dd/yyyy): /	
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Please follow the attached instructions when completing this form. List all caregivers, substitutes, and volunteers who work with children who started after your last Announced Inspection. Use as many pages as needed to include all new staff. In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place. Your Licensing Specialist will review this completed form as part of your Announced Inspection.

Caregiver Names:											
Date Orientation Training Completed: (mm/dd/yyy)		/ /		/ /		/ /		/ /		/ /	
First Date of Paid Work: (mm/dd/yyy)	/ /		/ /		/ /		/ /		/ /		
Topics Included in Training	Yes	No									
Licensing Rules: Supervision & Ratios											
Injury Prevention											
Parent Notification & Child Security											
Child Health											
Child Nutrition											
Infection Control											
Medications											
Napping											
Child Discipline											
Activities											
Transportation											
Animals											
Diapering											
Infant & Toddler Care											
Job Description & Duties											
Center's Written Policies											
Center's Written Emergency Plan											
Orientation to Assigned Children											
Children's Health Assessments											
Procedures for Releasing Children											
Body Fluid Clean-up Procedures											
Abuse/Neglect Signs & Reporting											
Obtaining Assistance in Emergencies											
Shaken Baby/Copying w/Crying Babies											
Preventing SIDS											

6 April 2009 Center Initials:

Center Staff Orientation Training Form, Page of	Center Staff	Orientation	Training	Form, Page	of	
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## Utah Department of Health, Bureau of Child Care Licensing

## **Center Renewal Application, Staff Orientation Training Form**

Make as many additional copies of this 2nd page as you need to include all new staff hired since your last Announced Inspection.

Additional Careg	iver Names:												
Date Orientation Training Completed: (mm/dd/yyy)		/ /		/ /		/ /		/ /		/ /			
First Date of Paid Work:	(mm/dd/yyy)	/	/	/	/	/ /		/ /		1 / 1		/ /	
Topics Included in Training		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
	ion & Ratios												
Injury	y Prevention												
Parent Notification & Child Security													
	Child Health												
CI	hild Nutrition												
Infection Control													
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